

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4249HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2009
NAME OF PROVIDER OR SUPPLIER EASY LIFESTYLE FOR SENIORS		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 DAUNTLESS DRIVE NORTH LAS VEGAS, NV 89031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of deficiencies was generated as a result of the state licensure survey conducted at your facility on April 9, 2009.</p> <p>This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The facility was licensed as a two (2) beds Homes for Individual Residential Care facility that provides food, shelter, assistance and limited supervision to a maximum of two (2) people.</p> <p>The census at the time of the survey was two (2) residents.</p> <p>There were no complaints investigated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	H 000	<p><i>PRC accepted by B. Kent</i></p>	
H 019	<p>Director Duties-No FA/CPR</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall:</p> <p>4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.</p>	H 019		

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LAS VEGAS, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DIRECTOR

(X6) DATE

5-14-09

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H 019	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure Employee #1 had documented evidence of a current first-aid and cardiopulmonary resuscitation (CPR) certificate. Findings include: The file for Employee #1 lacked documented evidence of a first-aid and CPR certificate.	H 019	H019 a) Employee #1 has taken First aid and CPR class on April 12, 2009 and enclosed (attachment#1) is a copy of his current First aid and CPR card. b) The Employee checklist has been adapted and will be reviewed every 6 months to ensure that all requirements and certifications are met and will be enrolled for re-certification before the expiry date. The Director will ensure compliance. (attachment#2)	4-2-09
H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	H 050		

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If continuation sheet 2 of 5

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H 050	<p>Continued From page 3</p> <p>tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 of 2 employees had undergone tuberculosis screening test. (#2)</p> <p>Findings include:</p> <p>1. Employee #1 did not have a file available at the time of the survey. There was no documented evidence indicating Employee #1 had the required tuberculosis screening test.</p> <p>2. The file for employee #2 lacked documented evidence of an initial and annual tuberculosis</p>	H 050		

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